

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814  
(916) 445-6907



November 25, 1981

ALL-COUNTY LETTER NO. 81-116

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED CA 6, ALIEN STATUS VERIFICATION

REFERENCE:

This letter transmits a copy of the revised CA 6, Alien Status Verification form used by the Food Stamp, AFDC and Medi-Cal Programs. Revision of the form was required by changes in Food Stamp Program regulations which eliminate aid paid pending verification for aliens. Contingent upon the filing of the regulations by December 1, 1981, the revised CA 6 is to be implemented as prescribed in this letter. Counties will be notified immediately if these implementation instructions change. Additional information concerning the revised regulations will also be provided shortly.

The revised CA 6 (1/82) is to be implemented by all counties beginning January 1, 1982 and obsoletes all previous versions of the form. Any stock of the 12/79 or earlier versions of the CA 6 on hand January 1, 1982 should be destroyed. Under no circumstances should any previous version of the CA 6 be used after December 31, 1981, nor should the 1/82 version of the CA 6 be used before January 1, 1982.

The revised CA 6 is a bilingual form (English/Spanish). For counties wishing to print their own forms, a master copy of the revised CA 6 is attached. For those counties ordering forms, a limited supply of the CA 6 (1/82) will be available from the DSS Warehouse beginning December 21, 1981. When ordering the CA 6, counties should use the GEN 727B, County Forms Order, and specify the 1/82 revision date in the form number column. The form will be printed in 3-piece carbon sets and will cost \$.07 per set. Initial orders and county printed forms should be limited to a three-month supply, as pending AFDC legislation may require further revision of the form in early 1982. In order to ensure that counties receive a supply of the forms for use by January 1, 1982, orders should be submitted between December 18, 1981 and December 24, 1981. DSS will monitor the status of the pending legislation and order additional stock of the CA 6 (1/82) as appropriate.

Instructions pertaining to "When and How to Use the CA 6" are on the backside of the form. The most significant form changes are as follows:

1. The addition of "Type of Aid Applied For" check-boxes in the county-use section. This is required for DSS statistical purposes and must be completed.
2. The addition of two check-boxes in the Certification section to allow the applicant to certify to naturalized/derivative U.S. citizenship.
3. The addition of program headings in the INS Verification section to specify program eligibility for each category of aliens.
4. The addition of check-boxes in the INS Verification section to allow INS to verify naturalized/derivative U.S. citizenship.

Beginning January 1, 1982 with the implementation of the revised CA 6, the following procedures are effective:

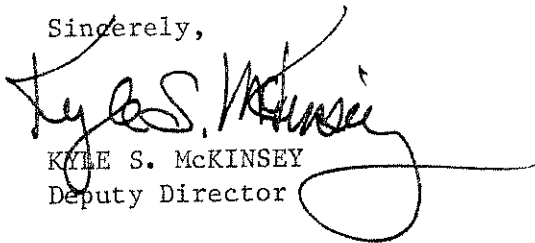
1. For nonassistance Food Stamp applicants:
  - a. The CA 6 should not be completed for noncitizens who provide acceptable documentation of alien status. Rather, note in the county-use section of the DFA 285-A the type of documentation provided.
  - b. The CA 6 is used to obtain verification of alien status only if a noncitizen provides unacceptable or no documentation of alien status and wishes the county to contact INS to obtain the verification.
  - c. The CA 6 is used to verify naturalized/derivative U.S. citizenship only if an applicant's citizenship status is questionable and the applicant wishes the county to contact INS to obtain the verification.
2. For AFDC, the Certification section is to be completed when an applicant provides unacceptable or no documentation of alien status or naturalized/derivative U.S. citizenship, or provides documentation of doubtful authenticity.
3. For Medi-Cal, the Certification section is to be completed when a noncitizen provides unacceptable or no documentation of alien status.
4. For Food Stamps, AFDC, and Medi-Cal, each CA 6 must be signed (see Note on backside of form).

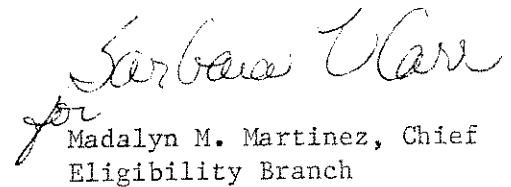
It is important that each CA 6 be completed in accordance with the instructions, as incomplete CA 6's delay INS processing. In particular, counties should ensure that a return address is on each copy of the CA 6 sent to INS. This will help to reduce turnaround time and will ensure the return of the completed CA 6 to the appropriate county.

Also attached is a table, Alien Status Documentation and Program Eligibility, developed to assist counties in evaluating INS documents provided by aliens. The table identifies the different types of documentation that may be presented to prove alien status (column 1), the alien status for each type of documentation (column 2), and program eligibility (columns 3 and 4). If an applicant provides any of these documents, a CA 6 need not be sent to INS unless the applicant claims that his/her status has changed or the document is of doubtful authenticity.

Should you have any questions about the use or implementation of the revised CA 6, please contact your Food Stamp Program Consultant at (916) 322-5475, AFDC Program Consultant at (916) 445-4458 or Medi-Cal Program Consultant at (916) 445-1912.

Sincerely,

  
KYLE S. McKINSEY  
Deputy Director

  
for  
Madalyn M. Martinez, Chief  
Eligibility Branch

cc: CWDA  
Medi-Cal Liasons  
Medi-Cal Program Consultants

**ALIEN STATUS VERIFICATION**

(To include naturalized/derivative citizenship verification)

See reverse for instructions

**APPLICANT INFORMATION — VERY IMPORTANT:** Only U.S. citizens and certain categories of permanent resident aliens are eligible for the program(s) for which you have applied. In order to verify your eligibility the county welfare department may send this form to the Immigration and Naturalization Service.

**INFORMACIÓN MUY IMPORTANTE PARA EL SOLICITANTE:** Solamente los ciudadanos de Los Estados Unidos y ciertas categorías de extranjeros con residencia permanente son elegibles para el programa(s) para el cual usted ha presentado su solicitud. Para poder verificar su elegibilidad, es posible que el departamento de bienestar del condado envíe esta forma al Servicio de Inmigración y Naturalización (INS).

**COUNTY USE ONLY/SOLAMENTE PARA USO DEL CONDADO**

Type of aid applied for:	<input type="checkbox"/> AFDC	<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Food Stamps
Case Name:			
Case Number:			
Worker Name and Number:			
Referral Action	Date and Worker Initials		
<input type="checkbox"/> First referral			
<input type="checkbox"/> Followup			
<input type="checkbox"/> No referral required			

Enter Name and Address of INS Office

**GENERAL INFORMATION/INFORMACION GENERAL**

NAME/NOMBRE (LAST, FIRST, MIDDLE/APELLIDO, NOMBRE(S))	BIRTHDATE/FECHA DE NACIMIENTO	DOCUMENTATION—INS FORM AND NUMBER/DOCUMENTACIÓN—FORMA DE INS Y NÚMERO
MAILING ADDRESS/DIRECCIÓN PARA CORREO (STREET/CALLE)	(CITY/CIUDAD)	(ZIP CODE/ZONA POSTAL)
TELEPHONE NUMBER/NÚMERO DE TELÉFONO		
BIRTHPLACE/LUGAR DE NACIMIENTO	SEX/SEXO <input type="checkbox"/> MALE/MAS <input type="checkbox"/> FEMALE/FEMEA <input type="checkbox"/> CHILD/NINO	NAME AT TIME OF ENTRY/NOMBRE USADO EN LA FECHA DE ENTRADA
OTHER NAMES USED/OTROS NOMBRES QUE HA USADO	CITIZEN OF WHAT COUNTRY?/DE QUE PAÍS ES USTED CIUDADANO?	DATE OF ENTRY/FECHA DE ENTRADA
PORT OF ENTRY/PUERTO DE ENTRADA	DESTINATION IN US AT TIME OF ENTRY/¿DESTINO EN LOS E.U. EN LA FECHA DE ENTRADA?	
FATHER'S NAME/NOMBRE DEL PADRE (LAST, FIRST, MIDDLE/APELLIDO, NOMBRE(S))	MOTHER'S NAME/NOMBRE DE LA MADRE (LAST, FIRST, MIDDLE/APELLIDO, NOMBRE(S))	

**CERTIFICATION — For AFDC and Medi-Cal only, check the appropriate box(es) below if you do not have acceptable documents.**

**CERTIFICACIÓN — Para ser usado en AFDC y Medi-Cal únicamente, si usted no tiene los documentos apropiados marque abajo el artículo(s) apropiado(s).**

I CERTIFY THAT/CERTIFICO QUE:

☐ Named alien is in the country legally and is entitled to remain indefinitely.  
El extranjero mencionado está legalmente en el país y tiene derecho a permanecer en él indefinidamente.

☐ Named alien is not under order of deportation.  
El extranjero mencionado no está bajo orden de deportación.

☐ Named alien is married to a person in the U.S. who is not under order of deportation.  
El extranjero mencionado está casado(a) en los E.U. con una persona la cual no está bajo orden de deportación.

☐ Affidavits of two U.S. citizens attesting to named alien's continuous residence in the U.S. for five years or more have been submitted to the county welfare department.  
Se han presentado al departamento de bienestar del condado dos declaraciones juradas de ciudadanos de los E.U. atestiguando que el extranjero mencionado ha residido continuamente en los E.U. más de cinco años.

**OR I CERTIFY THAT/O CERTIFICO QUE (For AFDC only) (Para AFDC únicamente)**

☐ Named applicant is a naturalized U.S. citizen.  
El solicitante mencionado es un ciudadano naturalizado de los E.U.

☐ Named applicant is a derivative U.S. citizen.  
El solicitante mencionado es un ciudadano derivado de los E.U.

I declare under penalty of perjury that the foregoing is true and correct. I authorize the county welfare department (CWD) to send this information to the U.S. Immigration and Naturalization Service (INS) for verification. I understand that INS may furnish information to the CWD, and that I must cooperate with INS in verifying the named applicant's status or the applicant will be ineligible for assistance. I also understand the named alien will be ineligible for Food Stamps until verification is received by the CWD.

Declaro bajo pena de perjurio que lo anterior es verdadero y correcto. Autorizo al departamento de bienestar del condado (CWD) a que envíe esta información al Servicio de Inmigración y Naturalización para verificación. Entiendo que INS puede proporcionar información al CWD, y que debo cooperar con INS para verificar la situación del solicitante mencionado, de lo contrario, el solicitante será inelegible para recibir ayuda. También entiendo que el extranjero mencionado no será elegible para recibir estampillas para comida hasta que el CWD reciba la verificación.

SIGNATURE/FIRMA	RELATIONSHIP TO NAMED APPLICANT/RELACIÓN CON EL SOLICITANTE MENCIONADO	DATE SIGNED/FECHA EN QUE SE FIRMO	COUNTY WHERE SIGNED/CONDADO DONDE SE FIRMO
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**VERIFICATION (For INS Use Only)/(Solamente para uso de INS)**

According to the records of INS, the named applicant's status in the United States is:

1. AFDC M/C FS Eligible	a. <input type="checkbox"/> Lawfully admitted for permanent residence in accordance with the INA, as amended.	3. AFDC M/C Eligible	a. <input type="checkbox"/> Present because indefinite voluntary departure in lieu of deportation, or an indefinite stay of deportation has been granted.
	b. <input type="checkbox"/> Lawfully admitted as a conditional entrant or refugee, or for political asylum in accordance with Section 203(a)(7) prior to April 1, 1980, or Sections 207 or 208 of the INA.		b. <input type="checkbox"/> Clarification of individual's status is still in process. (For AFDC and Medi-Cal, resubmit CA 6 in 60 days.)
	c. <input type="checkbox"/> Paroled into the country in accordance with Section 212(d)(5) of the INA.	4. Not Eligible	a. <input type="checkbox"/> Admitted for a temporary period in accordance with the INA, as amended.
	d. <input type="checkbox"/> Legally present because deportation has been withheld in accordance with Section 243(h)(1) of the INA.		b. <input type="checkbox"/> Under order of deportation
2. AFDC, M/C FS Eligible	a. <input type="checkbox"/> A naturalized U.S. citizen		c. <input type="checkbox"/> Not legally present
	b. <input type="checkbox"/> A derivative U.S. citizen		d. <input type="checkbox"/> Not a naturalized/derivative U.S. citizen
Signature of INS Official			e. <input type="checkbox"/> Failed to appear at an interview with INS
	Title	Date	

CWD Comments:

INS Comments:

### COUNTY INSTRUCTIONS

*When and How to Use the CA 6*

For AFDC and Medi-Cal noncitizens with acceptable documents.	Complete one copy of the CA 6 and file in the case record. The applicant must complete the General Information section and read and sign the declaration statement.
For AFDC applicants without documentation of alien status or naturalized/derivative citizenship. For Medi-Cal noncitizens without documentation of alien status.	Complete three copies of the CA 6. Forward two copies to INS and file one copy in the case record. The applicant must complete the General Information section, check the appropriate Certification box(es) and read and sign the declaration statement.
For Food Stamp noncitizens without documentation of alien status and Food Stamp applicants with questionable naturalized/derivative citizenship, when this method of verification is selected.	Complete three copies of the CA 6. Forward two copies to INS and file one copy in the case record. The applicant must complete the General Information section and read and sign the declaration statement.
For AFDC and Medi-Cal applicants with unacceptable documents. For AFDC applicants with documents of doubtful authenticity.	Complete three copies of the CA 6. Forward two copies to INS with a copy of the documents and file one copy in the case record. The applicant must complete the General Information section, check the appropriate Certification box(es) and read and sign the declaration statement.
For Food Stamp applicants with unacceptable documents when this method of verification is selected.	Complete three copies of the CA 6. Forward two copies to INS with a copy of the documents and file one copy in the case record. The applicant must complete the General Information section and sign and read the declaration statement.

Enter name and address of INS office in upper left corner address box. Enter name and address of CWD in lower left corner address box (*on back*).

#### County Use Only

Check the appropriate box(es) for the type of aid applied for. Enter the case name, case number, worker name and worker number. For AFDC and Medi-Cal, check the appropriate box for referral action, and enter the date and worker's initials.

#### General Information

Ensure that all information is completed by the applicant. Note the following:

- If the applicant's name at the time of entry was the same as his/her present name, "same" should be entered in the box labeled "Name at Time of Entry".
- For AFDC and Medi-Cal applicants with INS documents, enter INS Form and Number in box labeled "Documentation-INS Form and Number."

#### Certification

At least one Certification box must be checked for: (1) AFDC applicants with unacceptable or no documentation of alien status or naturalized/derivative citizenship or documents of doubtful authenticity, and (2) Medi-Cal noncitizens with unacceptable or no documentation of alien status.

NOTE: Each CA 6 must be signed by the named applicant, parent, caretaker, or placement worker. The date and county where signed must also be completed. The relationship to named applicant must be completed if signed by a parent, caretaker or placement worker. For AFDC, this must be the same person who signs the CA 2 or FC 2. For Medi-Cal, this must be the same person who signs the MC 210.

#### CWD Comments

Use this section to communicate any additional information to INS.

#### Verification

When the completed CA 6 is received from INS, determine the applicant's eligibility for the programs indicated to the left of the checked box(es).

Enter Name and Address of CWD

# Alien Status Documentation and Program Eligibility

Type of Documentation	Alien Status	Eligible for Food Stamps	Eligible for AFDC and Medi-Cal
1. INS Form I-151, INS Form I-551 (Alien Registration Receipt Card); Reentry Permit (a passport booklet for lawful permanent resident aliens).	Lawfully admitted to the United States for permanent residence as an immigrant in accordance with Sections 101(a)(15) and 101(a)(20) of the INA; or considered to be lawfully admitted to the United States for permanent residence as a result of an exercise of discretion by the Attorney General in accordance with Section 249 of the INA.	Yes	Yes
2. INS Form I-94 (Arrival-Departure Record) annotated with conditional entry, conditional entrant, political asylum or refugee.	Lawfully admitted to the United States as a conditional entrant, refugee, or for political asylum in accordance with Section 203(a)(7) prior to April 1, 1980, or Sections 207 or 208 of the INA.	Yes	Yes
3. INS Form I-94 (Arrival-Departure Record) annotated with parolee or paroled.	Paroled into the United States in accordance with Section 212(d)(5) of the INA.	Yes	Yes
4. Letter from INS or court order withholding deportation pursuant to Section 243(h)(1) of the INA.	Lawfully present in the United States because the Attorney General has withheld deportation in accordance with Section 243(h)(1) of the INA.	Yes	Yes
5. Letter from INS or court order granting an indefinite voluntary departure in lieu of deportation or granting an indefinite stay of deportation (exclusive of Section 243(h)(1) of the INA).	Legally present in the United States because an indefinite voluntary departure in lieu of deportation or an indefinite stay of deportation has been granted.	No	Yes

# Alien Status Documentation and Program Eligibility

Type of Documentation	Alien Status	Eligible for Food Stamps	Eligible for AFDC and Medi-Cal
6. INS Form I-94 (Arrival-Departure Record) annotated with any letter A through L.	Lawfully admitted to the United States for temporary residence in accordance with Sections 101(a)(15)(A) through (L) of the INA.	No	No
7. I-181-A (Notice to Alien from INS).	Application for adjustment to permanent status has been received by INS.	Yes	No
8. I-181-B (Notice to Alien from INS).	Request for adjustment to permanent status has been approved. Appropriate documentation is being processed.	Yes	Yes